

Anton Derlyatka – Supplementary written evidence (NPS0163)

I would like to take this opportunity to thank you all for inviting me to speak as witness at the committee session. We really welcome this inquiry into how to tackle the inactivity epidemic.

The challenge we discussed boils down to creating a 'user experience' for those in greatest need of physical activity on an exciting journey for long enough to create a positive habit. A good example of this is the [work that the NHS have done recently in South London](#), in which we at Sweatcoin were involved, using modern engagement technology to improve completion rate of a standard diabetes Type 2 prevention programme. The standard 9-month National Diabetes Prevention Programme suffers from a low level of completion of 27%. This means that a vast majority of those not having completed the programme have a high risk of developing Type 2 diabetes, costing the NHS millions of pounds in healthcare costs. In contrast, the results of this engagement project have been astonishing, with completion rates near 100%, resulting in more than 6% weight loss. This is a great example of the NHS pioneering the use of tried and tested solutions from the private sector for the benefit of the harder-to-reach demographics.

As an additional comment on the matter of mobile apps' efficacy in increasing levels of physical activity, I would like to share a quote from an [interesting piece of academic research published recently in the British Journal of Sports Medicine](#):

'Interventions using smartphone apps or activity trackers seem promising from a clinical and public health perspective, promoting a significant step count increase of 1850 steps/day. These results are of public health importance according to recent evidence showing that any physical activity, regardless of intensity, is associated with lower mortality risk in a dose-response manner'

On a separate note, and as per Lord Willis of Knaresborough's request to provide good examples of robust collection and authentication of data in the public and private sectors, I would like to highlight the following:

- [UK Biobank](#), which is a great example of high quality data collected and shared as a public good
- Apple HealthKit and Google Health platforms, storing health data with the explicit consent of the user
- A family of genetic analysis and sequencing products, such as [23andme.com](#)

To get the maximum benefit from public and private health-related data it will be important for HMG to create and communicate to the public a framework similar to Open Banking, explicitly giving citizens control over access to their health

data (recent press reports, as well as the former “care.data” fiasco, remind us how carefully any initiative in this area must be communicated).

I would like to take this opportunity provide some additional context and more detailed comments, particularly to your questions about the apps developed by the government/PHE to encourage physical activity and the use of influencers to promote those.

While NHS and PHE have produced a number of high quality apps over the years, not all of them continue to enjoy significant levels of long-term engagement. The problem stems from applying an approach tried and tested in traditional marketing that PHE mastered over the past decades, which I would call ‘educational’. It rests on the assumption that if you explain a person that something is good for them they will follow. This approach works for a certain proportion of the population, but not for everyone. And it is particularly challenging for the communities and population segments that are harder to reach. In the world where we are overloaded with information it is important to design simple, clean and user-centric experiences that truly engage people almost effortlessly. Many new ideas in this area (such as, for example, a smart use of personalised incentives) originate from the private sector, and I strongly believe that the role of the government and the public sector is to ensure that novel technologies and techniques are not only used to the advantage of those with deeper pockets, but also those who are less privileged. And the best results will come from deeper collaboration between the government and the private sector.

The use of influencers can be a major driver of adoption. However, if an app is not designed in an engaging, inclusive way, people will gradually stop using it and the taxpayers money spent on promotion will be wasted. So it all comes back to the fundamental question of how do we build an experience engaging enough to take those in greater need of physical activity on an exciting journey long enough to create a positive habit.

A good example of this is the [work that the NHS have done recently in South London](#), to which I referred to above.

Please let me know if I can provide any further info or be of assistance.

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